



## PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 10/01/2011

### AGENCY INFORMATION

1. How many years has your agency been in business? 08/23/1997
2. List licenses. PCA, SIL, Respite Care
3. List other certifications/credentials.
4. Is your agency accredited ☐ Yes or ☒ No
5. If your agency is accredited, by whom?
6. Has your agency had an external audit/survey? ☒ Yes or ☐ No
7. If your agency had an external audit/survey was it voluntary? ☐ Yes or ☒ No
8. If your agency has had an external audit/survey, were there any deficiencies? ☒ Yes or ☐ No
9. If there were any deficiencies, were they resolved? ☒ Yes or ☐ No

### SERVICES PROVIDED

10. Does your agency provide direct care services? ☒ Yes or ☐ No
11. If yes, select all that apply and identify the number of persons supported in each
  - ☒ Supported Independent Living 4
  - ☒ Individual and Family Support 26
  - ☐ In-home Respite
  - ☐ Center-based Respite
  - ☐ Supported Employment
  - ☐ Day Program
  - ☐ Transportation
  - ☐ Other: (specify services)
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed?
13. What is the average rate of pay for the persons supported that are working competitively? (Select one of the following) \$7.25-\$8.25

## EMPLOYEES

14. How many people are employed by your agency? (Select one of the following)

21-50

15. What types of professionals are employed by your agency? (Select all that apply)

☒ Psychologist

☐ Behavior Specialist

☒ Registered Nurse

☐ Licensed Social Worker

☒ Other (Specify) Licensed Practical Nurse

16. What is the average rate of pay for the direct care professionals working for your agency for Individual and Family Support (IFS) day services? (Select one of the following)

\$7.25-\$8.25

17. What is the average rate of pay for the direct care professionals working for you agency for IFS night services? (Select one of the following)

\$7.25-\$8.25

18. Does your agency reimburse staff for mileage when they are providing transportation to persons supported in their own vehicle? ☐ Yes or ☒ No

19. If your agency reimburses for mileage, how much do they reimburse?

20. If your agency provides direct care services, what is your annual direct support professional turnover rate?

5%

21. What are the common reasons for agency turnover?

Worker leaves with client; client passes.

22. How many hours of training per year are provided to your direct support professionals?

19

23. What training topics are provided to your direct support professionals?

Abuse/Neglect/Misappropriation of Property; Staff Ethics; Human and Civil Rights; Confidentiality and HIPAA; Person-Centered Planning, Personal Outcomes, and Self-Determination Philosophy; Incident Documentation and Reporting; Documentation of Services; Environmental Emergency Procedures; Infection Control/Universal Precautions; Defensive Driving; Recognizing Medical Emergencies; Introduction to Behavior Management

24. How many hours of training are provided to your professional staff?

Unknown

25. What training topics are provided to your professional staff?

Our RN's and LPN's are licensed professionals and are trained according to the Louisiana Board of Nursing

26. Does your agency have a written policy regarding expectations of employee's behavior when providing services? ☒Yes or ☐No

27. If yes, how can persons interested in your agency access this information?

In the office

#### INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 30

29. Does your agency serve children? ☒Yes or ☐No

30. Does your agency serve persons that require support with medication administration and/or non-complex tasks? ☒Yes or ☐No

31. Does your agency serve persons with more intense behavioral support needs, such as aggression, pica, self-injurious behaviors, etc.? ☒Yes or ☐No

32. Does your agency serve persons with more intense medical support needs, such as medical vents, tube feeding, etc.? ☒Yes or ☐No

33. Does your agency specialize in services for specific populations (Autism, Prader-Willi, etc.)?  
☐Yes or ☒No If Yes, specify specialties.

#### QUALITY ASSURANCE

34. Is your agency's Quality Assurance Plan available for current persons supported and potential persons interested in your agency to review? ☒Yes or ☐No

35. If yes, how can persons that are interested access this information?

In the office

36. How does your agency assess individual and/or their families satisfaction with the services provided?

Client Surveys annually; Quarterly Home Visits

37. How often does your agency assess an individual and/or their family's satisfaction? (Select one of the following)

Quarterly

38. What is your agency's process for receiving individual complaints?

Grievance Procedure:

If the complaint is verbal, the provider staff member receiving the complaint must obtain all pertinent information in writing to the provider Complaint Coordinator. If the recipient completes a complaint form, he/she will be responsible for sending the form to the provider Complaint Coordinator. The Complaint Coordinator shall



**39. How are complaints resolved?**

A Complaint Coordinator investigates complaints

**40. Does your agency report overall individual satisfaction? ☒Yes or ☐No**

**41. Who is overall satisfaction reported to?**

Quality Assurance Committee

**42. How often is overall satisfaction reported? (Select one of the following)**

Annually

Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at [christy.johnson@la.gov](mailto:christy.johnson@la.gov).